



Department
of Health

2018

Annual Report

Public Health in New York State



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Message from the Commissioner



In 2018 – the 100th anniversary of the 1918 influenza pandemic – New York State experienced a flu epidemic that prompted Governor Cuomo to sign an Executive Order allowing pharmacists to administer flu vaccines to children ages 2 to 18. For weeks, the Department of Health conducted a massive campaign to encourage New Yorkers to get vaccinated.

By the time I declared influenza no longer prevalent in the State in mid-May, 128,020 laboratory-confirmed cases of influenza had been reported; 23,317 people had been hospitalized, and tragically there were six pediatric deaths associated with influenza.

Our capacity to monitor epidemics like flu and better communicate critical information to the public is constantly evolving. At the end of the year, we launched the New York State Flu Tracker, a weekly-updated dashboard that keeps the public informed about the number of laboratory-confirmed influenza cases in their county by date and type for both the current season and the three previous seasons.

As this report of the Department's 2018 activities shows, we used technology and the availability of data throughout the year to better protect the public against health threats, to improve existing services, to more accurately monitor population health and healthcare system performance, and to reduce costs.

In April, the Department launched the NYS Health Connector, the public website for our All Payer Database, which, when available in 2020, will streamline healthcare system data into a central repository. From the Health Data NY portal, Health Connector provides visit volume and estimated facility costs for selected healthcare procedures, rates of complications, and other hospital-level quality measures that can help patients determine where to seek care.

The Health Connector currently links to the Flu Tracker and includes a Suicide and Self-Harm Dashboard, augmenting existing data dashboards provided on the Department site – including those for the Prevention Agenda, for Opioids, and for the Delivery System Reform Incentive Payment (DSRIP) Program.

We've also been using technology to improve access to healthy food. Throughout the year, the Department rolled out our new eWIC electronic benefit transfer card in 59 counties across the State, with the full rollout to be completed in 2019. This card is not just simplifying shopping for families and retailers in the New York State Special Supplemental Nutrition Program for Women, Infants, and Children (WIC); it works with a mobile app that allows users to scan product barcodes for WIC eligibility and check account balances.

In 2018, the Commonwealth Fund's Scorecard of Health System Performance ranked New York as the most improved in the nation. Our performance improved on 18 indicators. The Department's efforts to streamline health data and make it more accessible have no doubt contributed to this ranking. They also reflect Governor Cuomo's commitment to improving transparency across all levels of government and giving New Yorkers user-friendly access to State information that can help them make better decisions about their health and wellbeing.

Protecting public health entails preventing the spread of disease, responding to environmental threats, promoting health and wellness, building healthy communities, and improving the system. As each of those aspects of our mission has become more data- and technology-driven, the Department has been working to lead rather than follow, giving New Yorkers the very best options for the very best health.

A handwritten signature in black ink that reads "Howard Zucker, M.D." The signature is written in a cursive, flowing style.

Howard A. Zucker, MD, JD

Commissioner

New York State Department of Health

DSRIP: The Faces of a Successful Program

In April 2014, New York embarked on a massive project to make Medicaid more effective in New York State, improving healthcare and lives while saving taxpayers millions of dollars each year.

With the groundbreaking Delivery System Reform Incentive Payment (DSRIP) federal waiver, New York is reinvesting \$8 billion in federal savings generated by Medicaid Redesign Team (MRT) reforms, with a goal of achieving a 25% reduction in avoidable hospital use over five years.

Through DSRIP, health and social service providers across the State formed collaborative networks called Performing Provider Systems (PPS) to implement innovative projects focused on system transformation, clinical improvement, and population health improvement. There are 25 PPS across the State.

In June, DSRIP handily passed its first federal test on four key statewide performance measures: statewide metrics performance, success of statewide projects, total Medicaid spending, and Managed Care plan expenditures. DSRIP has achieved an overall reduction of 15.2% since 2014.

In this report, we wanted to spotlight some real-life success stories of the DSRIP program. Placed throughout the report, these DSRIP Stories show how culturally competent care coordination, healthy food, convenient locations for healthcare screenings, patient education, and other collaborative innovations are improving outcomes.

The Department extends its thanks to the PPS, the organizations, and the individuals who shared these stories. Client names have been changed to ensure confidentiality.



DSRIP STORIES

Just a Bit Off the Top... and a BP Check

Master barber Howard Ivey learned that he had high blood pressure in his mid-thirties. “I was one of the non-believers in the beginning,” he said about regular BP monitoring. “I thought I felt fine, but I wasn’t fine.” Mr. Ivey became one of the first participants in Millennium Collaborative Care PPS’s “Barber & Beauty Shop Initiative,” an innovative partnership to help Buffalo and Niagara Falls residents better monitor their cardiovascular health in places that are convenient and make them feel comfortable. Working with the Community Health Center of Niagara, Millennium PPS has equipped five Niagara Falls locations with easy-to-use blood pressure screening cuffs for patrons to self-monitor, plus signage and an information box.

Because of his own history with controlling high BP, Mr. Ivey was determined to help others at his Niagara Falls barber shop stay healthy. He estimates that more than 60 customers have taken advantage of the blood pressure self-screening service he has been offering.

PUBLIC HEALTH IS...

Rapid Response to Emerging Threats

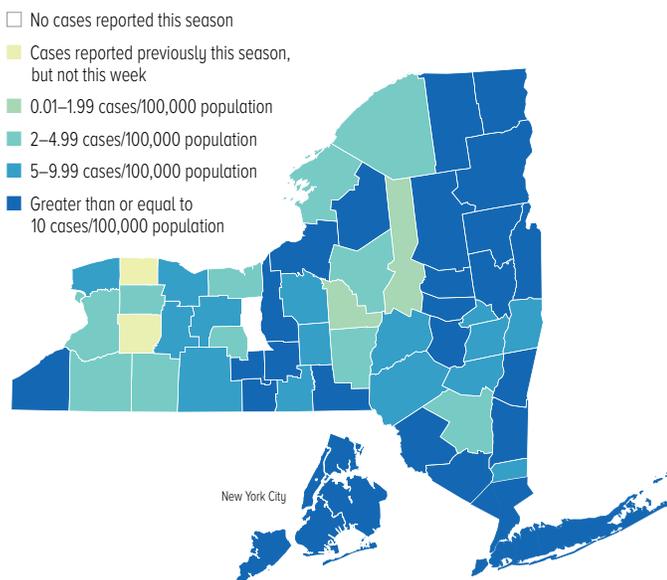
Protecting New York State's nearly 20 million residents from public threats to individual health and wellbeing lies at the heart of the Department's mission. Whether it's communicable diseases, environmental hazards, overused antibiotics, dangerous street drugs, or anything that compromises the safety of our drinking water, we mobilize quickly to contain the threat and educate the public for future safety.

Protecting the Most Vulnerable during a Brutal Influenza Season

During the 2017-2018 influenza season, more than 23,000 New Yorkers were hospitalized with laboratory-confirmed influenza and six children under age 18 died of influenza-related causes. Influenza is dangerous and strikes many New Yorkers every year. Those most severely affected are the very young – children under age 5 – and older New Yorkers over age 65.

Because of the intensity of the 2018 outbreak, the Governor signed legislation allowing for enhanced access to flu vaccine for children in pharmacies. In addition, a massive public awareness campaign encouraged early vaccination and spread the message that it's “not too late” to get a flu shot.

Our experience in 2018 was an important factor in developing and launching the Department's online Flu Tracker, a dashboard on the New York State Health Connector that keeps the public informed about rates of influenza in their county. Updated weekly during flu season, the dashboard displays the number of laboratory-confirmed influenza cases by date, county, and type for both the current and three previous seasons.



The Department's new **Flu Tracker** provides access to surveillance reports like this one showing flu prevalence by county for the week of December 29, 2018. The figures are calculated based on lab-confirmed influenza cases reported to the Department.



The Department worked closely with public health officials in Rockland and Orange counties to ensure that doses of MMR vaccine were available and distributed to providers.

Containing an Active Measles Outbreak

In the fall of 2018, the Department began managing what has become one of the State's largest and longest-lasting measles outbreaks in decades. The outbreak was first reported in September and initially involved Rockland and Orange counties and New York City. The Department worked with county health officials to identify those potentially exposed, test samples at our Wadsworth Center laboratories in Albany, assist with community outreach and contact investigations, provide information on the importance of vaccination, and provide measles mumps and rubella (MMR) vaccine.

Between October 1, 2018 and December 31, 2018, there were 127 reported cases of measles in affected counties outside of New York City. The Department distributed 26,526 doses of MMR vaccine to Rockland, Orange, Westchester, and Sullivan counties. The Department and county health departments held ongoing meetings and conversations with local community leaders, school principals and administrators, healthcare providers, and parents in Rockland and Orange counties to encourage vaccinations.

The outbreak continued into 2019, and the Department continues to work closely with health officials in affected counties. Increasing vaccination rates and limiting the spread of measles remain our frontline strategy.

A Strategic Plan for Reducing the Risk of Lyme Disease

Tick-borne diseases, particularly Lyme disease, are among the nation's fastest growing infectious diseases but can be particularly difficult to diagnose. Patients with Lyme disease can present a number of possible symptoms that can wane over time and be easily confused with hundreds of other diseases.

To address this public health challenge, the Department partnered with the Department of Environmental Conservation and the Office of Parks, Recreation and Historic Preservation to launch the Lyme and Tick-Borne Disease Working Group. Controlling tick populations on public lands in counties with high rates of tick exposure, expanding data access to the public, and increasing public awareness through enhanced education and outreach are among the group's objectives. Members held a summit in July to launch the group's aggressive agenda.

In addition, the Department's Wadsworth Center Laboratory announced in June that it will partner with Regeneron Pharmaceuticals to improve the diagnosis of Lyme disease and develop new treatments. This innovative collaboration is supported by Governor Cuomo's Life Sciences initiative.

Developing New Models for Defense against Harmful Algal Blooms

In 2018, the Department worked with communities statewide to address harmful algal blooms (HABs), an emerging concern across the country and a potential threat to New York's drinking and recreational waters. We collected 409 drinking water samples at public water systems (PWS) statewide.

The Department partnered with the City of Syracuse and the Onondaga County Health Department to implement a rigorous testing and data-sharing plan for Skaneateles Lake that will serve as a model for future testing of PWS. Sampling of a HAB on Canandaigua Lake resulted in a "Do Not Drink Advisory." The Department partnered with the Village of Rushville to provide alternate water, messaging to customers, and technical assistance to the water operator. The advisory was lifted after samples confirmed that treatment effectively removed the HAB toxin microcystin.

In early 2018, 12 priority water bodies were identified for protection against HABs. In March, the Department partnered with Departments of Environmental Conservation and Agriculture and Markets to hold four regional summits that resulted in action plans to combat HABs at each priority water body.



The Lyme and Tick-Borne Disease Working Group seeks to expand public access to such data as annual tick counts and increase awareness about risks of exposure.

Educating New Yorkers on the Dangers of Antimicrobial Resistance

The Department remains committed to reducing antibiotic misuse and prevent and control antibiotic resistance to ensure the future safety of all New Yorkers. In 2018, the Antimicrobial Resistance Prevention and Control Task Force, appointed by Governor Cuomo in 2016, released *NYS Stop Antibiotic Resistance Roadmap (STARR)*, a report of its recommendations and a roadmap for partners and stakeholders in the collaborative effort to prevent and control antibiotic resistance in New York State.

Following on the recommendation to increase awareness and enhance optimal antibiotic use, the Department developed Adult and Pediatric Antibiotic Prescribing Guidelines for common outpatient conditions and distributed to nearly 15,000 healthcare providers around the State.

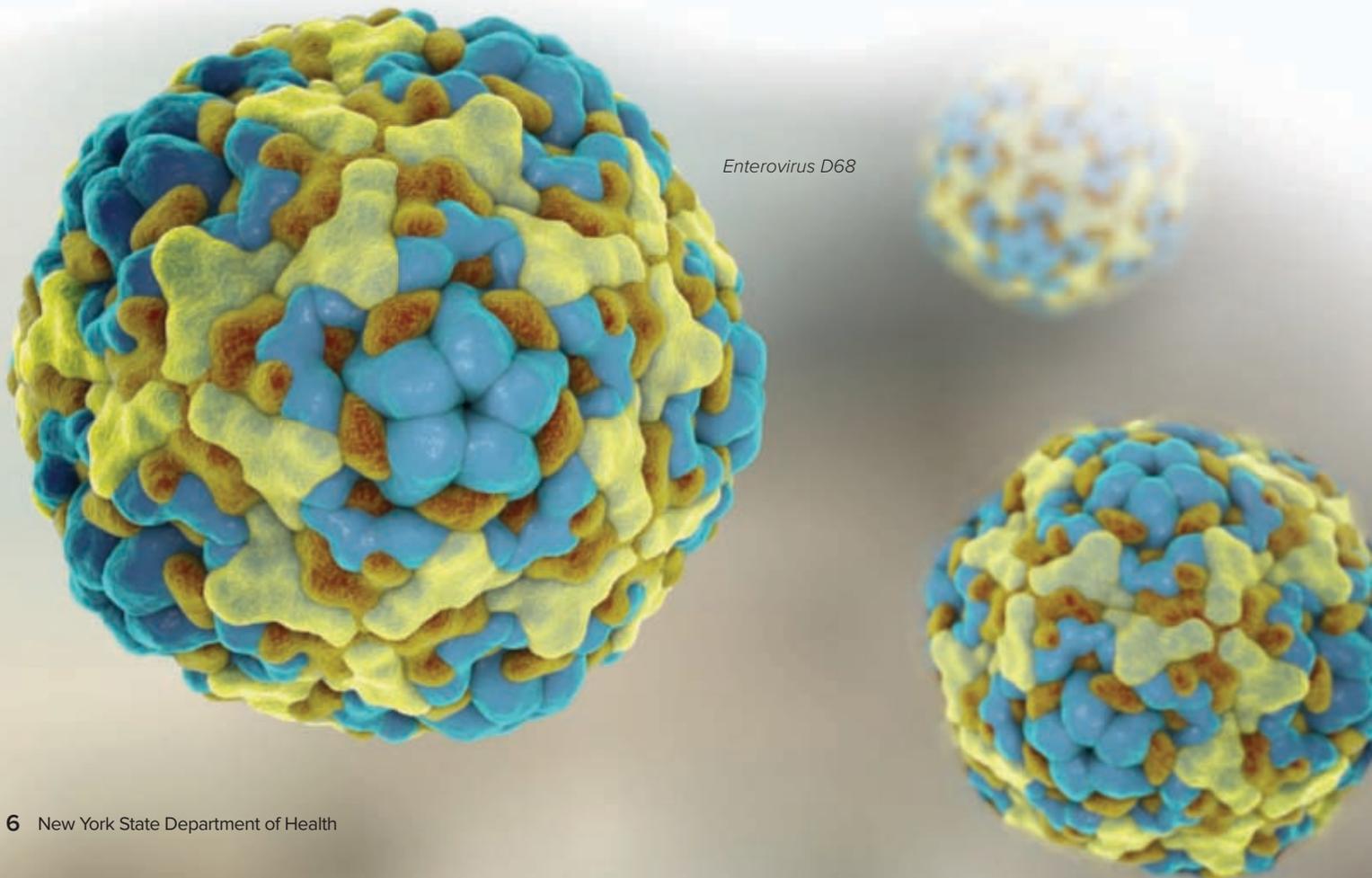
On the research front, Wadsworth Center announced in September the initiation of a collaborative relationship with Merck's ILUM Health Solutions and OpGen to develop a state-of-the-art research program to detect, track, and manage antimicrobial-resistant infections at health-care institutions statewide. Multiple offices within the Department are participating in this public-private partnership, which has been facilitated by the Governor's Life Sciences initiative.

Promoting Awareness of Acute Flaccid Myelitis

Acute flaccid myelitis (AFM) is a rare but serious condition that weakens the muscles and reflexes in the limbs, leading to a loss of muscle tone. It has been called a "polio-like illness" and most often afflicts children. When reported cases of AFM began increasing in 2014, the CDC began national surveillance for the condition, estimating that fewer than one or two in 1 million U.S. children will develop AFM each year.

In 2018, the Department issued press releases and health advisories to healthcare providers to increase awareness of this condition. Although the cause of AFM is not yet known, viruses likely play a role. Most patients had a mild respiratory illness or fever consistent with a viral infection before they developed AFM. Some respiratory viruses – such as coxsackievirus A16 and enteroviruses A71 and D68 – have been detected in the spinal fluid of some patients with AFM. Most people infected with these viruses, however, will not develop AFM, and there are other potential infectious agents associated with AFM.

In any year, the Department reports suspected cases of AFM to the CDC for further investigation and is committed to increasing awareness of both AFM and EV-D68 infection as well as the need for testing coordination.



Enterovirus D68

Alerts on K2 and Synthetic Cannabinoids

The Department joined other State agencies to target the illegal sale and use of K2 and other synthetic cannabinoids and to protect the public health and safety of New Yorkers. In April, the Department issued a statewide health advisory warning of severe and life-threatening bleeding cases that arose among users of K2 and similar drugs in five other states. Fortunately, no such cases arose in New York.



The Department is working to ensure that rural areas of the State have sufficient coverage by EMS professionals.

In July, Governor Cuomo signed legislation adding 25 such drugs to New York State's schedule of controlled substances, helping to raise awareness of the dangers they pose and providing law enforcement with the authority to fully combat their spread. The Department remains committed to working with local health and law enforcement officials to keep these dangerous substances out of the hands of New Yorkers and reduce their availability statewide.

Strengthening Emergency Medical Services in Rural Areas

Emergency Medical Services (EMS) save lives across the State every day; we rely on these teams being there when tragedy strikes. In rural areas of the State, however, there is a shortage of emergency medical technicians (EMTs) – a situation that threatens public health.

As part of Governor Cuomo's goal to strengthen EMS recruitment, the Department secured grant funding in 2018 to construct a leadership program for EMS professionals in rural areas. The Department also enhanced its EMS Facebook presence and launched the Why I Serve campaign on social media, television, and radio to highlight the rewards of working in the EMS sector. This campaign had over 200,000 direct views.



DSRIP STORIES

Isabelle

When Isabelle was hospitalized for asthma at Bronx Lebanon Hospital, a Breathe Better Bronx Community Health Worker (CHW) was alerted and Isabelle's family meet with the team. In partnership with the Bronx Health Access PPS, Bronx Lebanon Hospital Center, BronxWorks, Urban Health Plan, and Boom! Pharmacy, the Breathe Better Bronx team has assisted in the treatment of over 400 patients, both adults and children like Isabelle. These consultations help reduce asthma attacks, ED visits, and hospital inpatient stays.

The consultation helped Isabelle's family identify asthma triggers such as roaches and chipping paint. Through education; advocacy efforts and negotiation with the landlord; and tangible remediation such as mattress protectors, green cleaning supplies, and a Swiffer duster, Isabelle's family reported that her asthma is now well managed.

PUBLIC HEALTH IS...

Using Data for **Better Healthcare Decisions**

The availability of public health data not only helps members of the public make more informed healthcare choices; it also helps care providers improve their delivery systems and target services to individual and community needs. The Department continues to move toward greater transparency in regard to data and information that can help limit the spread of disease, reduce healthcare costs, and improve health outcomes overall.

A Data-Driven Window into Population Health and Healthcare System Performance

The Department made significant progress in 2018 on gathering healthcare system data – including comprehensive claims, facility data, and clinical data – into the All Payer Database (APD). This central repository is designed to give policymakers new ways to monitor efforts to reduce healthcare costs and improve care, quality, and population health.

In May, the APD launched the NYS Health Connector public website, with visit volume and estimated facility costs for selected healthcare procedures, rates of complications, and other hospital-level quality measures that can help New Yorkers determine where to seek care. The APD site also includes information about population health concerns.

A companion analytic portal enabling further assessment of assess quality- and cost-related trends, needs, and assets in users' regions is scheduled to be available in 2020, when the APD will be fully operational. This transformative system will provide a broader view of population health and healthcare system performance than current data resources permit.

Welcome to the

NYS Health Connector

Powered by the All Payer Database

"If I didn't have health insurance I wouldn't be here for my kids."
Rob, Suffolk County

There are 4 million reasons to enroll.
What's yours?

www.nystateofhealth.ny.gov | 1-855-355-6777

nystateofhealth
Department of Health

Ensuring Quality Healthcare for All New Yorkers

The NY State of Health Marketplace made tremendous progress in 2018 to expand access to healthcare across New York State, enabling a record number of New Yorkers to enroll in high-quality health insurance programs. Since the NY State of Health was launched in 2013, the State's uninsured rate has been cut in half – decreasing from 10% to 5%. In 2018, 900,000 more New Yorkers had health insurance than five years earlier.

In 2018, NY State of Health offered a broad choice of health insurer options statewide – 12 Qualified Health Plan (QHP) insurers and 15 Essential Plan (EP) insurers. Ten insurers participated in all Individual Marketplace programs – EP, QHP, Medicaid, and the Children's Health Insurance Program (CHIP).

At the close of open enrollment on January 31, 253,102 New Yorkers had enrolled in a QHP, exceeding enrollment levels at the end of open enrollment in 2017. Of these, 24% were newly enrolled. EP enrollment for lower-income New Yorkers was 738,851. More than 4.3 million New Yorkers were enrolled through the NY State of Health in 2018, and 94% of Marketplace enrollees saw no cost increase during the year.

Boosting Efficiencies

Following the convening of six workgroups to solicit recommendations from healthcare providers, consumers, and payers as part of Governor Cuomo’s 2017 Regulatory Modernization Initiative (RMI), the Department released the RMI workgroup recommendations in 2018. These recommendations – intended to streamline and improve policies, regulations, and statutes – focus on integrated primary care and behavioral health, post-acute care management models, cardiac services, telehealth, off-campus emergency departments, and long-term-care needs methodologies.

The 2018-2019 State Budget included statutory changes that expanded Medicaid reimbursement for telehealth services. These changes expanded the definition of “originating site” to include a patient’s home as well as any other location where the patient may be temporarily located. The Budget also authorized new provider types who can deliver services via telehealth, including credentialed alcoholism and substance abuse counselors, early intervention service providers and coordinators,



Thanks to regulatory changes, Medicaid reimbursement is now permitted for telehealth services across the State.

and providers identified by regulation as authorized by the Office of Mental Health, the Office of Alcoholism and Substance Abuse Services, and the Office for People with Developmental Disabilities.



DSRIP STORIES

Orlando

End-stage renal disease and open leg wounds due to poor circulation meant repeated hospitalizations for Orlando. He wanted to be treated at home, but he often would not let healthcare providers in. But thanks to the Transitional Care Team at Wycoff Heights Medical Center – working in partnership with the Community Care of Brooklyn PPS – things changed. The team’s plan improved Orlando’s health and adherence to care while allowing him to remain independent at home. They called him daily and referred him to the Brooklyn Health Home for financial assistance to help pay overdue rent and utility bills. Almost immediately, Orlando improved, visiting the wound care clinic weekly and not missing a dialysis session in the year since the intervention.

PUBLIC HEALTH IS...

Targeting **Population Health** to **Improve Outcomes**

Population health considers the health status and health outcomes within a group of people rather than just the health of one individual at a time. With recent efforts to reduce maternal mortality and racial disparities, to address social determinants of health, and to help one of the most economically challenged areas of the State build a stable and resilient healthcare network, the Department is looking beyond a one-size-fits-all approach to improve systems of care across the State.

Reducing Maternal Mortality and Race-Based Health Disparities

Addressing racial disparities in health outcomes is a Department priority, and one of the most devastating outcomes we face is maternal mortality. In 2018, Governor Cuomo launched the Taskforce on Maternal Mortality and Disparate Racial Outcomes to provide expert policy advice on improving maternal outcomes, addressing racial and economic disparities, and reducing the frequency of maternal mortality and morbidity.

To fully realize these goals, the Department visited seven cities across the State in 2018 to hear what mothers, mothers-to-be, and their partners/relatives had to say about their pregnancy and childbirth experiences. A total of 244 women participated in these listening sessions and helped inform the Taskforce's recommendations, which include creating a Maternal Mortality Review Board, instituting statewide implicit bias training, creating a data center to help providers access near-real-time data, increasing access to community health workers, and establishing a postpartum expert workgroup.

Focusing on hospitals, the Governor sponsored a November symposium at the New York State Health Foundation to identify strategies to reduce racial disparities in treatment. The Department expanded the New York State Quality Collaborative with hospitals statewide to review best practices to address hemorrhage and implement new clinical guidelines to reduce maternal mortality. Over 80 hospitals are voluntarily engaged in this effort.



Reducing racial disparities in treatment is critical to reducing the frequency of maternal mortality and morbidity.



The Department's Call for Social Determinants of Health Innovations attracted over 200 applicants nationwide.

The Best and Brightest Ideas for Improving Health

Addressing social determinants of health – or the conditions in which people are born, live, grow, work, and age – not only improves health outcomes; it also costs less than medical interventions. The Department is committed to ensuring that, regardless of the socioeconomic obstacles New York communities face, all members of these communities receive adequate healthcare and nutritional and other services to improve their quality of life.

Although this approach to care can be challenging, much of that challenge lies in breaking away from the ineffective dictates of the past. In 2018, the Department issued a Call for Innovations for organizations to share novel approaches to improving the lives of Medicaid recipients while reducing costs. The first of its kind in New York State, this solicitation attracted over 200 applicants from across the country.

In September, the Department announced nine finalists representing community-based organizations, healthcare providers, and technology companies. The finalists presented their solutions at a summit hosted by the Department later that month.

Building a Stable Network of Healthcare in Brooklyn

As part of Governor Cuomo's Vital Brooklyn initiative, the Department awarded \$664 million for over 70 capital projects associated with the creation of the One Brooklyn Health System (OBHS). Approved by the Public Health and Health Planning Council in April, OBHS integrates Kingsbrook Jewish Medical Center, Interfaith Medical Center, and Brookdale Hospital Medical Center into a more financially sustainable healthcare system for Central and East Brooklyn communities.

The capital awards will enable OBHS to develop an ambulatory care network, integrate and better align acute care services, perform critical infrastructure improvements, and establish an integrated information technology platform for the new system.

Streamlining the WIC Shopping Experience

In April, New York State brought the federal Women, Infants and Children (WIC) program into the 21st century with the introduction of our eWIC electronic benefits transfer (EBT) card at a supermarket in Albany. eWIC eliminates paper checks and provides a more convenient way for families in the WIC program to gain access to nutritious foods. By the end of 2018, the card was rolled out in 59 counties and will be fully operational statewide in 2019.

The U.S. Department of Agriculture mandated that all state WIC agencies implement EBT systems by 2020 – and we have done so two years early. With eWIC, vendors are reimbursed faster and families have greater shopping convenience. The State’s Special Supplemental Nutrition Program for Women, Infants and Children (WIC) serves approximately 400,000 women, infants, and children each month through 92 local providers at 400 service sites.

In addition to eWIC, the Department launched WIC2Go, a new mobile app to make shopping for WIC foods easier. WIC2Go allows users to scan the barcode on a product to see if it is WIC-approved. Users can also check their WIC account balance, view their upcoming WIC appointments, and locate WIC stores and clinics.



The eWIC card was rolled out in 59 New York State counties in 2018.



DSRIP STORIES

Uniting Communities to End Food Insecurity

Providing a space where individuals, families, farms, schools, social agencies, and local businesses can come together to share knowledge, build relationships, and enjoy healthy food, Comfort Food Community of Greenwich is eliminating local food insecurity while bridging socioeconomic boundaries. Through a partnership with Adirondack Health Institute PPS, Comfort Food Community’s emergency food relief service is improving health through resource connection, coaching and education, and implementing strategies to increase consumption of locally sourced produce.

Guests attend cooking demonstrations with recipes tailored to their health needs and receive support to help manage diabetes, hypertension, depression, autoimmune disorders, and other chronic conditions. Classes explaining trauma’s effects on the mind and body are also offered, along with meditation, horticultural therapy, and yoga classes for coping with stress.

PUBLIC HEALTH IS...

Meeting Challenges with Evidence-Based Solutions

New York State continues to make significant progress on some of the most daunting public health challenges of our time – from communicable diseases to substance abuse disorders – thanks to the Department’s commitment to using epidemiologic research and surveillance to develop effective interventions. New York State remains on track to end the AIDS epidemic by the end of 2020: new diagnoses of HIV are falling, and rates of enrollment in treatment for those diagnosed continue to climb.

Extending Access to Life-Saving Treatments for Opioid Addiction

In 2018, the Department continued to pursue various measures to end the pain and suffering of opioid addiction and reach even more of those in need and save lives. Central to this agenda is aggressively expanding access to Medication Assisted Treatment (MAT) and specifically buprenorphine.

Like methadone and injectable naltrexone, buprenorphine is an important MAT advance that, when used in combination with counseling, helps people recover from opioid use disorder (OUD). In 2018, the Department took several avenues to increasing buprenorphine availability:

- Launched a buprenorphine public health detailing initiative to provide targeted provider coaching to increase buprenorphine prescribing.
- Funded 24 local health departments (LHDs) to increase access to buprenorphine, with the requirement that each LHD conduct two waiver trainings in its county.
- Provided buprenorphine waiver training to over 500 providers, bringing the State's total number of waived prescribers as of August to 4,838, according to the Drug Enforcement Administration list.
- Worked with emergency departments to offer buprenorphine in 14 hospitals in western New York, with 11 agencies with 27 clinic sites providing ongoing care in Erie, Niagara, Genesee, Orleans, Wyoming, and Chautauque counties.

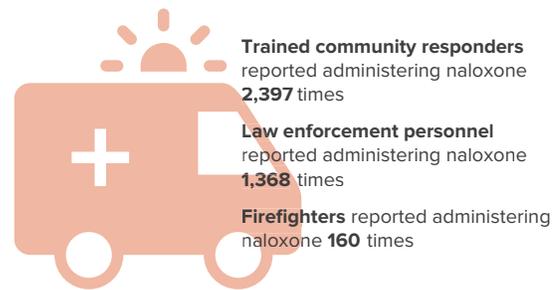
Also in 2018, the Department increased the number of Drug User Health Hubs to 12 across the State, serving more than 800 individuals. Drug User Health Hubs improve the availability and accessibility of an array of appropriate health, mental health, and medication for addiction treatment services for people who use drugs, especially (but not solely) people who inject drugs.

Fighting the Opioid Epidemic in 2018

679

opioid overdose prevention programs were registered throughout the State

155 (or 23%) of these were new registrations



DSRIP STORIES

Zoe

After being hospitalized and discharged three times in one year, Zoe struggled with managing her medication, missed follow-ups, and had trouble connecting to social supports. This is when Westchester Medical Center PPS's Transition of Care Wellness (TOCW) program stepped in.

TOCW addresses gaps in the transition of care experienced by patients with behavioral health diagnoses who have had multiple inpatient hospitalizations and are at high risk for readmission. TOCW connects patients with peer support services offered through Independent Living Systems and a partnership with PEOPLE Inc., which helped Zoe resolve issues to avoid being evicted from her residence. She was also connected with respite services to avoid future hospitalizations and a recovery specialist to work on goal-setting. Zoe has not been hospitalized since engaging with the TOCW team and is working to become a certified TOCW peer advocate.

Eliminating Hepatitis C

In July, Governor Cuomo announced a commitment of \$5 million to support the nation's first strategy to eliminate hepatitis C. To advise the State on the implementation process, a Hepatitis C Elimination Task Force was established and held its first meeting in November.

The plan supports the Hepatitis C Criminal Justice Initiative, which provides reentry services and peer education for incarcerated persons living with hepatitis C; hepatitis C patient navigation programs in Drug User Health Hubs; innovative hepatitis C care; and treatment models that address the needs of persons with hepatitis C who

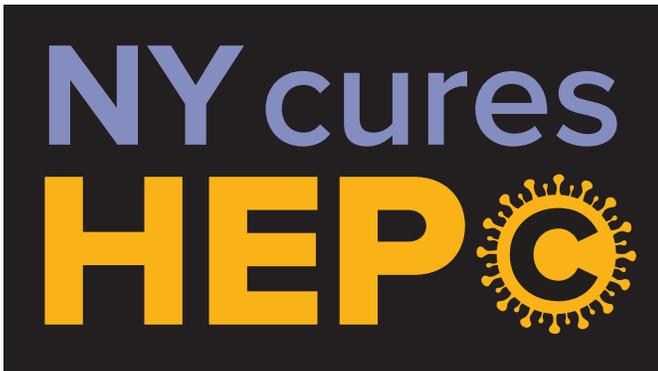
inject drugs. A public awareness campaign and measures to strengthen hepatitis C surveillance are also supported.

The Task Force's agenda will be supplemented by five workgroups charged with reviewing and updating the recommendations of the 2017 community consensus statement on eliminating hepatitis C in New York State.

Improving Time to Treatment for Persons with HIV

In 2018, the AIDS Institute issued a new policy on rapid initiation of antiretroviral treatment, stating that a new HIV diagnosis is an immediate call to action for every provider to initiate treatment immediately. While same-day initiation of treatment may not always be possible, patients should be started on treatment within three days and not longer than 30 days in an outpatient setting.

The Department's HIV Clinical Guidelines state that treatment is recommended for all patients with a confirmed HIV diagnosis regardless of their CD4 cell count or viral load. All providers serving persons with HIV should establish systems that strive for same-day initiation of HIV treatment, even while initial lab work is pending. The policy supports the "Undetectable equals Untransmittable" (U=U) message that individuals with a sustained undetectable viral load will not sexually transmit HIV.



DSRIP STORIES

Jim

Jim suffered from long-term chronic mental illness and alcoholism and frequently found himself in the local emergency department. Because of these frequent visits, he was referred to Sarah, a care manager at Alliance for Better Health PPS in Troy. After several unsuccessful attempts to reach Jim by phone, Sarah's care management team visited him at home, only to find a dirt and tarp shelter in the local tent city, where he had lived for years.

Having determined that Jim's greatest need was housing, Sarah reached out to area housing resources and found Jim a place at a Catholic Charities residential program. After addressing Jim's greatest need, the team could then begin to work at improving his overall health. Jim is now connected with a primary care physician and a mental health counselor and has been keeping his medical appointments.

PUBLIC HEALTH IS...

A Healthier **Aging Population**

Nearly one in six New Yorkers today is 65 and older – a larger share of the State’s population than ever before. New York is responding to these changing demographics with innovative ideas and programming. The Department is committed to ensuring that all New Yorkers are able to age in place healthily and happily in communities of their own choosing.

Prioritizing Age-Friendliness and Livability across State Agencies

In November, Governor Cuomo signed an Executive Order that directs all New York State agencies to adopt and implement the principles of age-friendly, livable communities and preventative public health into all relevant programs, policies, and funding.

With the State Office for the Aging and the Department of State, the Department worked to incorporate the Governor's vision into the New York State Prevention Agenda. That meant integrating the AARP/World Health Organization's eight domains of livability for age-friendly communities into federal and State plans, agency policies, procedures, and procurements wherever appropriate.

Also in 2018, New York State's Health Across All Policies (HAAP) initiative broke new ground in health and aging policy. HAAP seeks to improve population health and assist localities in planning and implementing elements to create age-friendly communities. With HAAP, State agencies considered the environmental, economic, and social factors that may influence the health and well-being of older New Yorkers.

Young Minds Apply Ingenuity for Aging in Place

In 2018, the Department launched the Aging Innovation Challenge, a call for college and university students to develop a product to assist older New Yorkers and their



The winning teams of young innovators in the Department's Aging Innovation Challenge.

caregivers with aging in place. HeroX – a platform similar to Kickstarter where users can post their own competition – provided the venue for the challenge, which received 34 eligible submissions vying for a portion of the \$50,000 prize pool. Five finalists were selected to present their innovation at a live demonstration event in New York City.

In November, teams from Corning Community College and Syracuse University were selected as the top innovators, and each was awarded a share of the grand prize. Given the success of this competition, the Department is considering ideas for future competitions to focus on the needs of an aging population.



A Comprehensive Resource to Assist New York's Caregivers

Because the long-term care system in New York State is layered and complex, caregivers often find gathering information about navigating the system painstaking and time-consuming. In 2018, the Department responded to this challenge by releasing the New York State Caregiver Guide, a comprehensive resource developed to provide New York's caregivers with the information they need in one convenient, centralized location. As the Guide is piloted throughout the State, feedback received will be used to inform the development of a second version that will be more widely distributed.



The New York State Caregiver Guide is an invaluable resource for those caring for the State's growing senior population.

Greater Assisted Living Opportunities for New Yorkers with Alzheimer's or Dementia

To promote aging in place, the 2018-2019 State Budget established a voucher demonstration program for adults with Alzheimer's disease or dementia who can no longer privately pay for a Special Needs Assisted Living Residence (SNALR) and would otherwise be discharged to a skilled nursing facility.

Authorized through March 31, 2020, the demonstration program keeps residents in the least restrictive setting possible, avoiding unnecessary and disruptive transitions and potentially delaying Medicaid enrollment. During this first year, 45 SNALR facilities agreed to participate.

Providing Greater Transparency on Home Care Services Agencies

At the Department's recommendation, the 2018-2019 State Budget established a registration requirement for all Licensed Home Care Services Agencies (LHCSAs). In 2018, the Department registered over 1,300 LHCSAs and created a website to make this registration information available to the public.



DSRIP STORIES

Mrs. Y

Mrs. Y and her son were at the emergency department for the eighth time in a year when they met their community health worker (CHW) at NYU Langone Brooklyn PPS. Mrs. Y confided in her native Spanish that she had a challenging time managing her son's asthma and other health problems.

The CHW scheduled a joint home visit with the team's certified asthma educator; coordinated and attended a meeting with Mrs. Y, her son's school psychologist, and the school counselor; and referred the family to the New York State Children's Health Home program for care coordination services. Mrs. Y was able to obtain documents needed for her son's doctor, received access to nutritional services for him, and got a Medicaid service coordinator assigned for ongoing support. This helped her keep her son's appointments at NYU Langone Brooklyn, and his overall health improved.

Appendix A:

About the Department

Role

The New York State Department of Health is one of the State's largest agencies with the most expansive set of responsibilities – to protect, improve, and promote the health, productivity, and wellbeing of all New Yorkers. These responsibilities also include licensing, surveillance, and oversight of healthcare facilities and agencies; collecting and analyzing data relating to the health of New York State residents; and administering the State's Health Plan Marketplace (the NY State of Health), Medicaid, and Child Health Plus programs, which provide crucial low-cost and no-cost health coverage to millions of residents.

These broad responsibilities are established in the State's Public Health Law (PHL). (Medicaid responsibilities are established in Social Services Law.) The PHL also establishes the authority of the Commissioner of Health of the State of New York, who is charged with, among other things, investigating epidemics and causes of disease, enforcing the PHL, and supervising the work of local boards of health and health officers. The general powers and duties of the Department and Commissioner are set forth in PHL § 201 and 206, respectively.

New York is one of 27 states where the provision of public health services is decentralized, meaning that local health departments operate under the administrative authority of local governments. In New York State, 57 county health departments and the New York City Department of Health and Mental Hygiene provide public health services at the local level. Although each local health department addresses the needs of its own community, the State Department of Health works closely with the local health departments to provide technical assistance, financial assistance, oversight, and other services.

Governance

The New York State Public Health and Health Planning Council (PHHPC) possesses advisory authority and, along with the Commissioner, decision-making authority with respect to New York State's public health and healthcare delivery system. This includes adopting and amending the Sanitary Code and the regulations that govern healthcare

facilities, homecare agencies, and hospice programs and making recommendations concerning major construction projects, service changes, and equipment acquisitions relating to healthcare facilities and homecare agencies. The PHHPC is comprised of the Commissioner and 24 members appointed by the Governor.

The PHHPC also advises the Commissioner on issues related to the general preservation and improvement of public health. The PHHPC's powers and duties are set forth in PHL § 225. Current PHHPC members and membership on its various committees can be found at health.ny.gov/facilities/public_health_and_health_planning_council/.

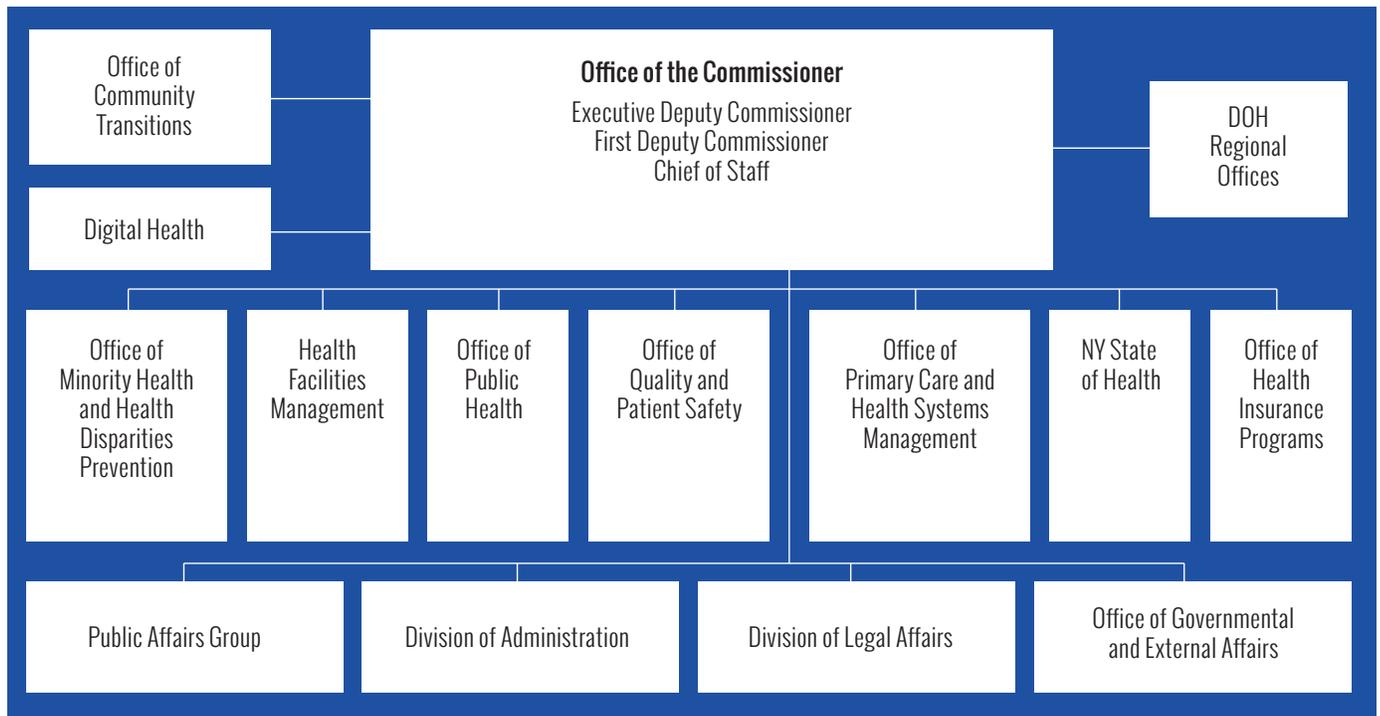
Programs and Services

The Department has provided public health services for over 100 years and administers a wide range of public health programs, directly or through contracts, that address (1) disease prevention and control, (2) environmental health protection, (3) promotion of healthy lifestyles, and (4) emergency preparedness and response. The Department also conducts statewide healthcare surveillance in hospitals, homecare agencies, and nursing homes; conducts research and maintains diagnostic and reference laboratories at the Wadsworth Center; manages the Medicaid program; administers the New York State of Health Marketplace; and operates five healthcare institutions.

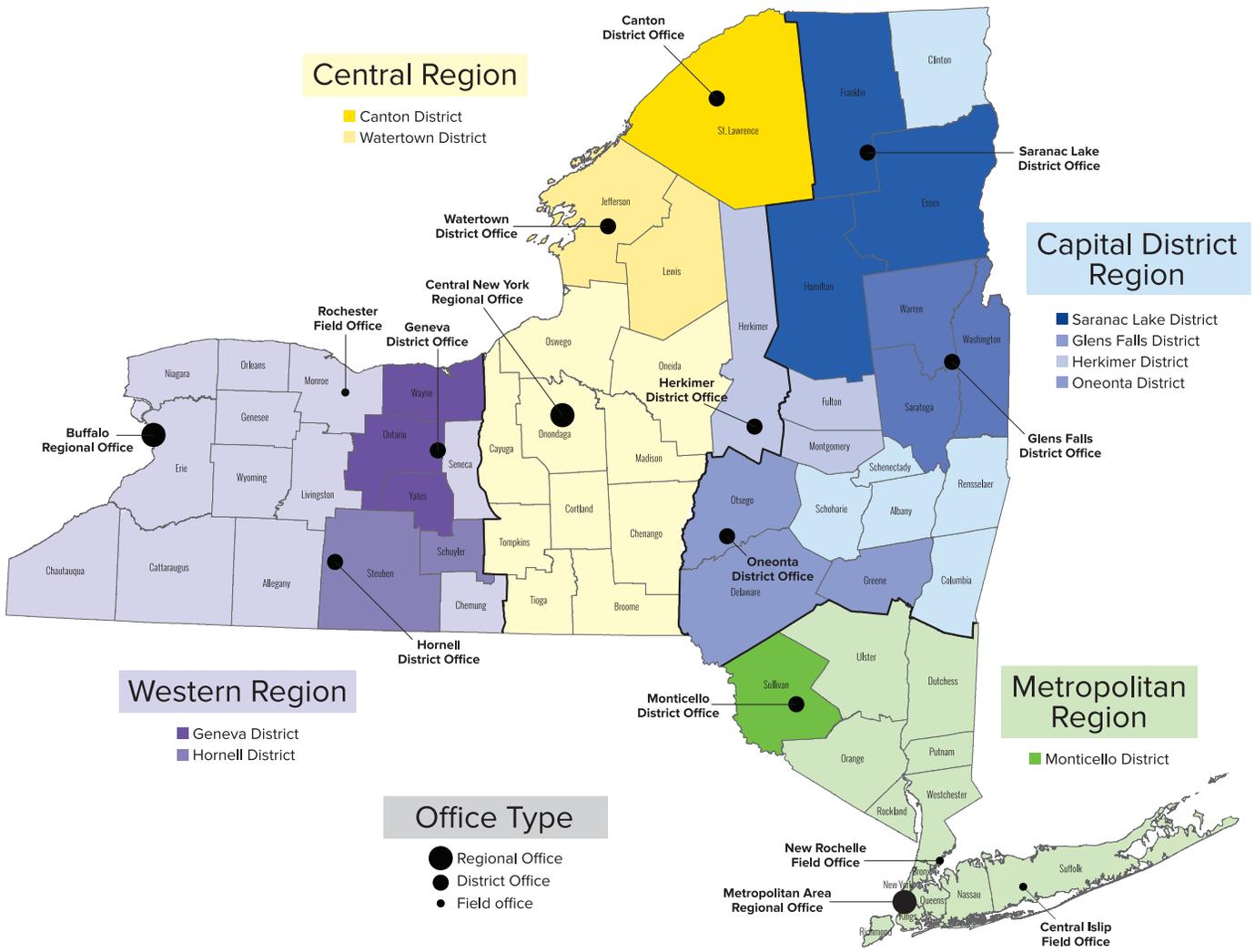
Resources

In 2018, the Department employed 3,307 people across its central office, three regional offices, three field offices, and nine district health offices statewide; an additional 1,412 worked in the five Department-operated healthcare institutions. In the 2018-19 fiscal year, the Department's appropriations totaled \$80.2 billion. Of this, approximately \$69.3 billion was the Medicaid one-year value of a two-year appropriation, \$10.7 billion supported public health initiatives, and \$162 million was allocated to institutions operated by the Department.

Appendix B: Organizational Chart



Appendix C: Regional, District, and Field Offices



Appendix D: Publications

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